

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

05

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		895558.86
(b) Cash on Hand at Beginning of Reporting Period .....	829325.31	
(c) Total Receipts (from Line 19) .....	99825.51	277838.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	929150.82	1173397.29
7. Total Disbursements (from Line 31) .....	46283.16	290529.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	882867.66	882867.66
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	94119.57	252531.82
(i) Itemized (use Schedule A) .....	4376.00	17901.25
(ii) Unitemized .....	98495.57	270433.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	98495.57	270433.07
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1329.94	7405.36
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99825.51	277838.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99825.51	277838.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1428.16	6669.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1428.16	6669.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	247000.00
24. Independent Expenditure (use Schedule E) .....	0.00	15030.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	15355.00	21830.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	15355.00	21830.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46283.16	290529.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46283.16	290529.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	98495.57	270433.07
34. Total Contribution Refunds (from Line 28(d)) .....	15355.00	21830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83140.57	248603.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1428.16	6669.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1428.16	6669.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

AAO

Mailing Address 655 Beach St.

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: 13995-11817568540573

Amount of Each Receipt this Period

365.00

PAC Anonymous - PAC1240

**B.**

Full Name (Last, First, Middle Initial)

Natalie Afshari

Mailing Address Duke Univ Eye Center

Duke Univ Med Center Box 3802 Erwi

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2725123

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Omar Almallah

Mailing Address the Focus Center

20 Mule Road

City

Toms River

State

NJ

Zip Code

08755-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 4c20ab95f307d8f9a11e

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charley Andrews

Mailing Address Suite C

556 W Bedford Euless Road

City

Hurst

State

TX

Zip Code

76053-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 1PQVFD414187

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Emilio Arce-Lopez

Mailing Address 150 De Diego Avenue Suite 502

City

San Juan

State

PR

Zip Code

00907-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBJN477741

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Priscila Baco

Mailing Address PO Box 366257

City

San Juan

State

PR

Zip Code

00936-6257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF060749

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Katherine Baltz

Mailing Address Suite 101

5 Saint Vincent Circle

City

Little Rock

State

AR

Zip Code

72205-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY594135

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Rachel Benator

Mailing Address Suite B

1025 E 3300 S

City

Salt Lake City

State

UT

Zip Code

84106-4389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1423145

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michelle Berger

Mailing Address Building 4 Suite 205

4100 Duval Road

City

Austin

State

TX

Zip Code

78759-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJB81608012

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Janet Betchkal

Mailing Address 1820 Barrs Street  
Dillon Building Suite 134

City State Zip Code  
Jacksonville FL 32204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 485f88503b4faec2ba5d

Amount of Each Receipt this Period

365.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Janet Betchkal

Mailing Address 1820 Barrs Street  
Dillon Building Suite 134

City State Zip Code  
Jacksonville FL 32204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 4bdca40a5ab4a5944d7c

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Bradley Black

Mailing Address 5220 Flanders Drive

City State Zip Code  
Baton Rouge LA 70808-9157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1695577

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

821.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bradley Black

Mailing Address 5220 Flanders Drive

City

Baton Rouge

State

LA

Zip Code

70808-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1513339

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Robert Block

Mailing Address 12 Curtis Street

City

Meriden

State

CT

Zip Code

06450-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 401894735fd9bdb147e7

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1008774

Amount of Each Receipt this Period

200.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1553420

Amount of Each Receipt this Period

200.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Daniel Briceland

Mailing Address 7101 E Carefree Drive  
PO Box 2960

City

Carefree

State

AZ

Zip Code

85377-2960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1944413

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Melissa Cable

Mailing Address 4741 S Cochise

City

Independence

State

MO

Zip Code

64055-6974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD359251

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1065.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1695714

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Drive

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1026894

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Kristin Carter

Mailing Address Suite 104  
5240 E Knight Drive

City

Tucson

State

AZ

Zip Code

85712-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2487866

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Craig Cassidy

Mailing Address 6390 N Cattle Track Road

City

Scottsdale

State

AZ

Zip Code

85250-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 406c9b0945119ed37b7c

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Paul Cheng

Mailing Address 1000 Stonewood Drive  
Suite 310

City

Wexford

State

PA

Zip Code

15090-8386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF117457

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mark Chiu

Mailing Address 806 Dr. Martin Luther King Jr Aven

City

Albuquerque

State

NM

Zip Code

87102-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1895101

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

990.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Chiu

Mailing Address 806 Dr. Martin Luther King Jr Aven

City

Albuquerque

State

NM

Zip Code

87102-3657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1608303

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

James Chodosh

Mailing Address 608 Stanton L Young Boulevard

City

Oklahoma City

State

OK

Zip Code

73104-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1265608

Amount of Each Receipt this Period

265.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

James Chodosh

Mailing Address 608 Stanton L Young Boulevard

City

Oklahoma City

State

OK

Zip Code

73104-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1618323

Amount of Each Receipt this Period

265.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

895.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue  
6th Floor

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF406142

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

S William Clark

Mailing Address 502 Isabella Street

City State Zip Code  
Waycross GA 31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1448368

Amount of Each Receipt this Period

5000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

S William Clark

Mailing Address 502 Isabella Street

City State Zip Code  
Waycross GA 31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1915628

Amount of Each Receipt this Period

5000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Clarkson

Mailing Address Suite 1560B

1120 Northwest 14th Street

City

Miami

State

FL

Zip Code

33136-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD722163

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

William Clifford

Mailing Address 102 Drury lane

City

Gaeden City

State

KS

Zip Code

67846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 47229C15-FAF3-4048-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

David Coats

Mailing Address 6621 Fannin Street  
Mc-Ccc640.00

City

Houston

State

TX

Zip Code

77030-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD385845

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Copeland

Mailing Address 2041 Georgia Avenue Northwest Towle

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1151074

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Dagianis

Mailing Address 5 Coliseum Avenue

City

Nashua

State

NH

Zip Code

03063-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: B3J7QJ608784

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

John Dagianis

Mailing Address 5 Coliseum Avenue

City

Nashua

State

NH

Zip Code

03063-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2083572

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Day

Mailing Address Suite 100  
2340 Clay Street

City State Zip Code  
San Francisco CA 94115-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY325476

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Robert Deitch

Mailing Address 3583 Brumley Way

City State Zip Code  
Carmel IN 46033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: ABC77116-8941-4754-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Hardeep Dhindsa

Mailing Address 1102 Happy Valley Court

City State Zip Code  
Reno NV 89511-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 27e0ceb3adfb9dbef76

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address Suite B

2877 Crooks Road

City

State

Zip Code

Troy

MI

48084-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1982479

Amount of Each Receipt this Period

125.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address Suite B

2877 Crooks Road

City

State

Zip Code

Troy

MI

48084-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2717795

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address Suite B

2877 Crooks Road

City

State

Zip Code

Troy

MI

48084-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1825978

Amount of Each Receipt this Period

125.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul Dorn

Mailing Address Suite 207

4467 Old Branch Avenue

City

Temple Hills

State

MD

Zip Code

20748-1854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF533298

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Mark Doubrava

Mailing Address Suite 101

9011 W Sahara Avenue

City

Las Vegas

State

NV

Zip Code

89117-4801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1403467

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Jane Edmond

Mailing Address 6610 Auden Street

City

Houston

State

TX

Zip Code

77005-4304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY757444

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Ehlers

Mailing Address 125 Secret Lake Rd

City

Avon

State

CT

Zip Code

06001-3465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 42f3b9cd95a87f7b60db

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Daniel Eichenbaum

Mailing Address 1321 W US Highway 64  
PO Box 39

City

Murphy

State

NC

Zip Code

28906-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 44b6887a9f14ccaecb4c

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Francesann Ford

Mailing Address 3920 Livingston Street

City

Hyattsville

State

MD

Zip Code

20781-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY052270

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Laura Fox

Mailing Address 416 N. Bedford Dr. #300

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: AB34BB0E-8276-42D7-

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Raul Franceschi

Mailing Address 29 Calle Washington  
Ste 707

City

San Juan

State

PR

Zip Code

00907-1503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 4b2d96123e6a11ffa1b5

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Steve Friedlander

Mailing Address 610 Sierra Rose Drive

City

Reno

State

NV

Zip Code

89511-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2767801

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Friedman

Mailing Address 2202 Lakeland Hills Boulevard

City

Lakeland

State

FL

Zip Code

33805-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: 3ZKFEW634198

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address 12301 NE 10th PI  
Ste 200

City

Bellevue

State

WA

Zip Code

98005-2487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 4576a7698b3b93807ce1

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Ravi Goel

Mailing Address 25 Parnell Drive

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: 96921824-18BD-4A2D-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Karl Golnik

Mailing Address 808 elm ave

City

terrace park

State

OH

Zip Code

45174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 827A3DD1-A044-4CE1-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Victor Gonzalez

Mailing Address 6701 N 25th Street

City

McAllen

State

TX

Zip Code

78504-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBUN818650

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Jay Granadier

Mailing Address Wm Beaumont Hosp  
3535 W 13 Mile Road Suite 555

City

Royal Oak

State

MI

Zip Code

48073-6700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY111409

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 25 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Erich Groos

Mailing Address Cornea Consultants of Nashville  
2011 Murphy Avenue Suite 602

City Nashville State TN Zip Code 37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: FXYYGP363223

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Haley

Mailing Address Suite B  
1626 Forest Lane S

City Garland State TX Zip Code 75042-7943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF364704

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

James Heltzer

Mailing Address Champlain Ophthalmology  
6410 Rockledge Drive #208

City Bethesda State MD Zip Code 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1467263

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bonnie A Henderson

Mailing Address 102 Pegan Lane

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: C5943A70-6E8A-43D2-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Henrick

Mailing Address 23961 Magdalena Suite 302

City

Laguna Hills

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 8

Transaction ID: 4f19b08ecc513ddeb812

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Edward Holland

Mailing Address 10794 Saunders Lane

City

Union

State

KY

Zip Code

41091-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1176653

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

G Baker Hubbard

Mailing Address Suite B3409

1365B Clifton Road Northeast

City

State

Zip Code

Atlanta

GA

30322-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1862093

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

G Baker Hubbard

Mailing Address Suite B3409

1365B Clifton Road Northeast

City

State

Zip Code

Atlanta

GA

30322-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1745069

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address Suite 600

50 Staniford Street

City

State

Zip Code

Boston

MA

02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: 4d60a4546caedb2accf

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1416.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jerry Hunsaker

Mailing Address 4707 Everhart Rd  
Ste 106

City State Zip Code  
Corpus Christi TX 78411-2752

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 407a81fecbd3d326d58b

Amount of Each Receipt this Period

1000.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Roger Husted

Mailing Address 500 Aaron Court

City State Zip Code  
Kingston NY 12401-2966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2215188

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

B Hutchinson

Mailing Address Suite 600  
50 Staniford Street

City State Zip Code  
Boston MA 02114-2539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1941814

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Hwang

Mailing Address 3501 E Carol Avenue

City

Phoenix

State

AZ

Zip Code

85028-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 1PQVFD189552

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Allan Jensen

Mailing Address Suite 426  
200 E 33rd Street

City

Baltimore

State

MD

Zip Code

21218-3381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1142142

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address 1615 12th Ave Rd  
Ste A

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 4a3ca80aa840eb7e7722

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Jensen

Mailing Address Suite A

1615 12th Avenue Road

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1436549

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Peter Jensen

Mailing Address Suite A

1615 12th Avenue Road

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1248140

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Thomas Edward Johnson

Mailing Address 900 North West 17th Street

City

Miami

State

FL

Zip Code

33136-1119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF820370

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Leslie Jones

Mailing Address Suite 2100

2041 Georgia Avenue Northwest

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1610529

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Leslie Jones

Mailing Address Suite 2100

2041 Georgia Avenue Northwest

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1805125

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Peter Judson

Mailing Address Retina Consultants Pc

43 Woodland Street/Gothic Park

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 7IZ0SA783666

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 32 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Kahn

Mailing Address 2450 E Guadalupe #107

City

Gilbert

State

AZ

Zip Code

85234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 50738AD2-2DF4-461D-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Alex Keller

Mailing Address 1010 Prince Avenue

City

Athens

State

GA

Zip Code

30606-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1863710

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

John Kennedy

Mailing Address 1675 Providence Avenue

City

Schenectady

State

NY

Zip Code

12309-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 45f5b6f613132feda3f

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Diane Jean Kraus

Mailing Address PO Box 4142

City

Kingston

State

NY

Zip Code

12402-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD318238

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Stephen Lane

Mailing Address Suite 840  
280 Smith Avenue N

City

St. Paul

State

MN

Zip Code

55102-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJB8I445277

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mitchel Lautenberg

Mailing Address Ocean Eye Institute  
601 Route 37 W

City

Toms River

State

NJ

Zip Code

08755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Transaction ID: 1PQVFD837178

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Stephen Law

Mailing Address 1371 West Main Street

City

Newark

State

OH

Zip Code

43055-3681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 8TTAH7256039

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Richard Lee

Mailing Address Suite 201  
491 30th Street

City

Oakland

State

CA

Zip Code

94609-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF667272

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Andrew Levada

Mailing Address Suite 100  
1201 W Main Street

City

Waterbury

State

CT

Zip Code

06708-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: B3J7QJ185052

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address Suite 5

51 Main Street

City

Hyannis

State

MA

Zip Code

02601-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 8TTA8S823557

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address 51 Main St

Ste 5

City

Hyannis

State

MA

Zip Code

02601-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 8

Transaction ID: 4c63a0d985644aea2c9c

Amount of Each Receipt this Period

125.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Sid Mandelbaum

Mailing Address 178 East 71st Street

City

New York

State

NY

Zip Code

10021-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1068954

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sid Mandelbaum

Mailing Address 178 East 71st Street

City

New York

State

NY

Zip Code

10021-5131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1176667

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Mark Christophe Maria

Mailing Address 150 Quail Lane

City

Lebanon

State

PA

Zip Code

17042-9403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1142173

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Mark Christophe Maria

Mailing Address 150 Quail Lane

City

Lebanon

State

PA

Zip Code

17042-9403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1846528

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Jones Marioneaux

Mailing Address Suite 108

300 Med Parkway

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1310584

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Jones Marioneaux

Mailing Address Suite 108

300 Med Parkway

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1474261

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Connie McCaa

Mailing Address Suite 656

971 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY206617

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Tyrone McCall

Mailing Address Suite 600

7150 Greenville Avenue

City

Dallas

State

TX

Zip Code

75231-5187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1184036

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Tyrone McCall

Mailing Address Suite 600

7150 Greenville Avenue

City

Dallas

State

TX

Zip Code

75231-5187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1643114

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gregory McCormick

Mailing Address 180 Magee Hill

City

Hinesburg

State

VT

Zip Code

05461-3163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF214889

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

M Lisa McHam

Mailing Address 2110 Dorchester Avenue

City

Boston

State

MA

Zip Code

02124-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1925544

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Lynn McMahan

Mailing Address 1420 S 28th Avenue

City

Hattiesburg

State

MS

Zip Code

39402-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD413372

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Melendez

Mailing Address 735 Grey Hawk Drive Northeast

City

Rio Rancho

State

NM

Zip Code

87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2940714

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Shahzad Mian

Mailing Address 1000 Wall Street

City

Ann Arbor

State

MI

Zip Code

48105-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF130235

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

William Mieler

Mailing Address Department of Opth  
5841 S Maryland Avenue Mc 2114

City

Chicago

State

IL

Zip Code

60637-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF838365

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michael Edward Migliori

Mailing Address Suite 301  
120 Dudley Street

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 457cb3c6e92efa502241

Amount of Each Receipt this Period

250.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address Suite 4

13414 Medical Complex Drive

City

State

Zip Code

Tomball

TX

77375-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: B3J7QJ244346

Amount of Each Receipt this Period

50.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Eydie Miller

Mailing Address Scheie Eye Inst

51 North 39th Street

City

State

Zip Code

Philadelphia

PA

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD722563

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Basil Morgan

Mailing Address Suite 100

4324 York Road

City

State

Zip Code

Baltimore

MD

21212-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2557518

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Morimoto

Mailing Address PO Box 2937

219 N Hammes Avenue

City

Joliet

State

IL

Zip Code

60434-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

Transaction ID: B3J7QJ642814

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Asa Dan Morton

Mailing Address 3606 Jennings Street

City

San Diego

State

CA

Zip Code

92106-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1814080

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Ronald Lee Morton

Mailing Address 1001 Tower Way Suite 150

City

Bakersfield

State

CA

Zip Code

93309-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF195656

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Alan Moss

Mailing Address 1 knollwood drive

City

worcester

State

MA

Zip Code

01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 2EC17C9B-A12F-44C2-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Musson

Mailing Address 9680 Peninsula Dr.

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: E91BD4D0-8AD0-4AB7-

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

C Blake Myers

Mailing Address 601 Halton Road

City

Greenville

State

SC

Zip Code

29607-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2138344

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jerry Neuwirth

Mailing Address Suite 822

85 Seymour Street

City

Hartford

State

CT

Zip Code

06106-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 71Z0SA205027

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Catherine Newton

Mailing Address Suite 170

6420 Dutchmans Parkway

City

Louisville

State

KY

Zip Code

40205-3353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 4b6c8079726ff09038cc

Amount of Each Receipt this Period

150.00

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Jarl Nielsen

Mailing Address 610 Sierra Rose Drive

City

Reno

State

NV

Zip Code

89511-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 67f53fdd16e230cf0e1

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1015.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Nussbaum

Mailing Address 22 Old Short Hills Road Suite 104

City

Livingston

State

NJ

Zip Code

07039-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1773422

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Peter Nussbaum

Mailing Address 22 Old Short Hills Road Suite 104

City

Livingston

State

NJ

Zip Code

07039-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1423111

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Evelyn Paysse

Mailing Address 6621 Fannin Street  
Mc 640.00

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD377806

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Penland

Mailing Address the Eye Group of Southern Indiana  
1020 West Buena Vista Road

City State Zip Code  
Evansville IN 47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD778968

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Lan Phuong Pham

Mailing Address 16 Nottingham Way

City State Zip Code  
Mahopac NY 10541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: BFB33915-45C4-4562-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Plager

Mailing Address 702 Rotary Circle

City State Zip Code  
Indianapolis IN 46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: 2D3B2147-3502-4072-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

George Plechaty

Mailing Address Office Building  
1380 Lusitana Street

City State Zip Code  
Honolulu HI 96813-2449

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJB8I582586

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Price

Mailing Address 578 Main Street

City State Zip Code  
Malden MA 02148-3900

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF776589

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Arnold Prywes

Mailing Address 4212 Hempstead Turnpike

City State Zip Code  
Bethpage NY 11714-5723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1922318

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Arnold Prywes

Mailing Address 4212 Hempstead Turnpike

City

Bethpage

State

NY

Zip Code

11714-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1597781

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Michael Raizman

Mailing Address 49 Windsor Rd.

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 41B78060-32AE-4716-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ashok Reddy

Mailing Address Apt. 3925  
6100 Cortaderia Street Northeast

City

Albuquerque

State

NM

Zip Code

87111-8012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1156187

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David Ringel

Mailing Address 101 A Kings Way West

City

Sewell

State

NJ

Zip Code

08080-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1588202

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

David Ringel

Mailing Address 101 A Kings Way West

City

Sewell

State

NJ

Zip Code

08080-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1532145

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Philip Rizzuto

Mailing Address Suite 301  
120 Dudley Street

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1882091

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Denis Roarty

Mailing Address Childrens Hosp-Department of Ophth  
3901 Beaubien

City State Zip Code  
Detroit MI 48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1345177

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Denis Roarty

Mailing Address Childrens Hosp-Department of Ophth  
3901 Beaubien

City State Zip Code  
Detroit MI 48201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1194225

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Joy Dixon Robinson

Mailing Address 23 Castle Haven Road

City State Zip Code  
Hampton VA 23666-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY249636

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Ruddat

Mailing Address Suite 822

85 Seymour Street

City

Hartford

State

CT

Zip Code

06106-5527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 71Z0SA331328

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Delia Sang

Mailing Address 73 Chatham Street

City

Brookline

State

MA

Zip Code

02446-5451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 8

Transaction ID: 40f1ab73fe532eae19d7

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-  
NT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Scott Schaefer

Mailing Address 3971 Princeton Avenue

City

St. Louis Park

State

MN

Zip Code

55416-3018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1361067

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1281.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Schemmer

Mailing Address Suite 200

215 1st St. N

City

Winter Haven

State

FL

Zip Code

33881-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD455352

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Richard Shugarman

Mailing Address 400 N. Flagler Drive #1001

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 0E481835-B487-4842-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Shugarman

Mailing Address Suite 1001

400 N Flagler Drive

City

West Palm Beach

State

FL

Zip Code

33401-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF714214

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

R Michael Siatkowski

Mailing Address 1706 Drakestone Ave

City

Oklahoma city

State

OK

Zip Code

73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: 7EB37632-3A5F-4C5A-

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Bryan Sires

Mailing Address Suite 301  
625 4th Avenue

City

Kirkland

State

WA

Zip Code

98033-9028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD477461

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gregory Skuta

Mailing Address 608 Stanton L Young Boulevard

City

Oklahoma City

State

OK

Zip Code

73104-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1127155

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Smith

Mailing Address 2238 Pinehurst Drive

City

Glenview

State

IL

Zip Code

60025-2856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD151761

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Samuel Solish

Mailing Address 53 Sewall Street

City

Portland

State

ME

Zip Code

04102-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF111437

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

James Sprague

Mailing Address Suite 710  
5272 River Road

City

Bethesda

State

MD

Zip Code

20816-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY682481

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Derek Sprunger

Mailing Address Midwest Eye Inst

201 Pennsylvania Parkway

City

Indianapolis

State

IN

Zip Code

46280-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF675312

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

John Stechschulte

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1781105

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Thomas Steinemann

Mailing Address 2703 Cranlyn Road

City

Shaker Heights

State

OH

Zip Code

44122-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1874555

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marion Joseph Stoj

Mailing Address 43 Woodland Street

City

Hartford

State

CT

Zip Code

06105-2363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 71Z0SA773364

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Thomas Strinden

Mailing Address PO Box 9645

City

Fargo

State

ND

Zip Code

58106-9645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2615447

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Michael Sulewski

Mailing Address Scheie Eye Instit  
51 N 39th Street

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTMD507435

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Steven Swedberg

Mailing Address 6914 57th Ave NE

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: D9C31499-0BDE-4197-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Tharp

Mailing Address 4233 Gateway Boulevard

City

Newburgh

State

IN

Zip Code

47630-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2201322

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Tibolt

Mailing Address 655 Medical Center Dr NE

City

Salem

State

OR

Zip Code

97301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 2E32B56F-8F8C-49AC-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Linda Tsai

Mailing Address 520 East Drive

City

St. Louis

State

MO

Zip Code

63130-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 8UJBD1013428

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Linda Tsai

Mailing Address 520 East Drive

City

St. Louis

State

MO

Zip Code

63130-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 8UJBD1653867

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Geoffrey Tufty

Mailing Address 6409 S Mustang Avenue

City

Sioux Falls

State

SD

Zip Code

57108-3120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: 8UJBAF672615

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....

1095.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ira Udell

Mailing Address 600 Northern Boulevard Suite 214

City

Great Neck

State

NY

Zip Code

11021-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1178487

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City

Saint Paul

State

MN

Zip Code

55116-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD2576967

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Woodford Van Meter

Mailing Address Suite 203  
1760 Nicholasville Road

City

Lexington

State

KY

Zip Code

40503-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY867629

Amount of Each Receipt this Period

5000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

5865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Alan Wagner

Mailing Address 968 FIRST COLONIAL RD SUITE 105

City State Zip Code  
 VIRGINIA BEACH VA 23454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 8

Transaction ID: 6CC64770-F7C3-415D-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Warn

Mailing Address Suite 105  
 3201 W Gore Boulevard

City State Zip Code  
 Lawton OK 73505-6350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBAF637653

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Robert Welch

Mailing Address 1731 Pomerelle

City State Zip Code  
 Twin Falls ID 83301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 8

Transaction ID: E88EBF3C-F950-4A0E-

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Craig Wilkerson

Mailing Address Suite 5

301 Saddle Drive

City

Helena

State

MT

Zip Code

59601-8026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1311831

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Craig Wilkerson

Mailing Address Suite 5

301 Saddle Drive

City

Helena

State

MT

Zip Code

59601-8026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 8UJBD1613738

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Ruth Williams

Mailing Address Wheaton Eye Clinic

2015 North Main Street

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

Transaction ID: 5ATTNY373254

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Lyn Yakubov

Mailing Address Eye Care Assoc Inc  
10 Dutton Drive

City State Zip Code  
Youngstown OH 44502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 1PQVSQ224662

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

94119.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 81

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City

San Francisco

State

CA

Zip Code

94163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

7405.36

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 0bf92221dac7585e492

Amount of Each Receipt this Period

1329.94

Bank Interest 4/08

**SUBTOTAL** of Receipts This Page (optional) .....

1329.94

**TOTAL** This Period (last page this line number only) .....

1329.94

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
Bank charges 4/08

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: b9bba4e3a9e8cfb4e21

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

625.57

**B.**

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
Amex Discount 4/08

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2a08dc8f42a82d48c05

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

677.59

**SUBTOTAL** of Disbursements This Page (optional) .....

1303.16

**TOTAL** This Period (last page this line number only) .....

1303.16



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Becerra for Congress

Mailing Address PO Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Xavier Becerra

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 98362-3406335711479

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Cantor for Congress

Mailing Address PO Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Eric I. Cantor

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 98362-8116876482963

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Christopher Shays for Congress Committee

Mailing Address 98 East Avenue Rear Building  
98 East Avenue Rear Building

City  
Norwalk

State  
CT

Zip Code  
06851

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name  
Christopher Shays

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 98362-9774286150932

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 81

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Citizens for Altmire

Mailing Address PO Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement  
Contribution

Candidate Name  
Jason Altmire

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 98362-3420526385307

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Committee for a Democratic Majority

Mailing Address 501 Capitol Court NE  
Suite 100

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 98362-5228692889213

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Doggett for Us Congress

Mailing Address 1157 San Bernard

City  
Austin

State  
TX

Zip Code  
78702

Purpose of Disbursement  
Contribution

Candidate Name  
Lloyd Doggett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 98362-6704217791557

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.** Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial (Ericpac)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 98362-1135064959526

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
ContributionCandidate Name  
Gordon H. Smith011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: 98362-4537774920463

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of John Barrasso

Mailing Address 6896 Casper Mountain Road

City Casper State WY Zip Code 82601

Purpose of Disbursement  
2008 GeneralCandidate Name  
John Barrasso011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District:

Transaction ID: 98362-3477746844291

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc	<b>Transaction ID:</b> 98362-4086725115776 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 470840	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Tulsa State OK Zip Code 74147	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2008 General	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John Sullivan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Maloney for Congress	<b>Transaction ID:</b> 98362-9977533221244 <b>Date of Disbursement</b>																				
Mailing Address 49 East 92nd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City New York State NY Zip Code 10128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Carolyn B. Maloney	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) McCotter Congressional Committee	<b>Transaction ID:</b> 98362-5634271502494 <b>Date of Disbursement</b>																				
Mailing Address PO Box 530788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												
City Livonia State MI Zip Code 48153	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Thaddeus G. McCotter	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Nathan Deal for Congress	<b>Transaction ID:</b> 98362-5640375018119 <b>Date of Disbursement</b>
Mailing Address PO Box 902 PO Box 902	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Gainesville State GA Zip Code 30503	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General	<div>2500.00</div>
Candidate Name Nathan Deal	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	<b>Transaction ID:</b> 98362-8311731219291 <b>Date of Disbursement</b>
Mailing Address PO Box 8331	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General	<div>1000.00</div>
Candidate Name Pete Stark	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	<b>Transaction ID:</b> 98362-1195337176322 <b>Date of Disbursement</b>
Mailing Address PO Box 8331	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period
Purpose of Disbursement 2008 General	<div>2500.00</div>
Candidate Name Pete Stark	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**6000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Roberts Victory Committee; the

Mailing Address PO Box 75103

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

Transaction ID: 98362-7186700701713

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stupak for Congress

Mailing Address 817 Ninth Avenue PO Box 156  
 PO Box 143

City  
Menominee

State  
MI

Zip Code  
49858

Purpose of Disbursement  
Contribution

Candidate Name  
Bart Stupak

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Contribution

Transaction ID: 98362-9523431658744

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

29500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Bradley Black

Mailing Address 5220 Flanders Drive

City  
Baton RougeState  
LAZip Code  
70808-9157Purpose of Disbursement  
duplicate

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92730-41013735532761

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City  
BurlingtonState  
NCZip Code  
27215-9714Purpose of Disbursement  
duplicate

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 14435-27524966001510

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	8

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Drive

City  
Iowa CityState  
IAZip Code  
52242-1009Purpose of Disbursement  
duplicate

Candidate Name

010

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92730-70544070005417

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1065.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Chiu

Mailing Address 806 Dr. Martin Luther King Jr Aven

City Albuquerque State NM Zip Code 87102-3657

Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92730-59127444028854

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

James Chodosh

Mailing Address 608 Stanton L Young Boulevard

City Oklahoma City State OK Zip Code 73104-5014

Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92730-43049257993698

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

265.00

**C.**

Full Name (Last, First, Middle Initial)

S William Clark

Mailing Address 502 Isabella Street

City Waycross State GA Zip Code 31501-3638

Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 92730-58143252134323

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5630.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Anna Luisa Di Lorenzo	<b>Transaction ID:</b> 78709-01671999692916 <b>Date of Disbursement</b>																				
Mailing Address Suite B 2877 Crooks Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City Troy State MI Zip Code 48084-4717	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					
<b>B.</b> Full Name (Last, First, Middle Initial) Anna Luisa Di Lorenzo	<b>Transaction ID:</b> 78709-89481753110886 <b>Date of Disbursement</b>																				
Mailing Address Suite B 2877 Crooks Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City Troy State MI Zip Code 48084-4717	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					
<b>C.</b> Full Name (Last, First, Middle Initial) G Baker Hubbard	<b>Transaction ID:</b> 92730-01830691099166 <b>Date of Disbursement</b>																				
Mailing Address Suite B3409 1365B Clifton Road Northeast	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Atlanta State GA Zip Code 30322-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Jensen	<b>Transaction ID:</b> 92730-38875979185104 <b>Date of Disbursement</b>																				
Mailing Address Suite A 1615 12th Avenue Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Nampa State ID Zip Code 83686-6184	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>	365.00																			
365.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 010																					
<b>B.</b> Full Name (Last, First, Middle Initial) Leslie Jones	<b>Transaction ID:</b> 79936-45901125669479 <b>Date of Disbursement</b>																				
Mailing Address Suite 2100 2041 Georgia Avenue Northwest	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City Washington State ID Zip Code DC 20060-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 010																					
<b>C.</b> Full Name (Last, First, Middle Initial) Amar Joshi	<b>Transaction ID:</b> 14435-36864870786667 <b>Date of Disbursement</b>																				
Mailing Address Floor 8 203 Lothrop Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	6		2	0	0	8												
City Pittsburgh State ID Zip Code PA 15213-2548	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DUPLICATE Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 010																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Partho Kalyani

Mailing Address University of Arizona Department o  
655 N Alvernon Way Suite 108

City Tucson State AZ Zip Code 85711

Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14435-69729250669480

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Liss

Mailing Address Suite 420  
419 W Redwood Street

City Baltimore State MD Zip Code 21201-7002

Purpose of Disbursement  
wanted

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 78709-64626711606980

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Sid Mandelbaum

Mailing Address 178 East 71st Street

City New York State NY Zip Code 10021-5131

Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 92730-81602114439011

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Christophe Maria	<b>Transaction ID:</b> 93118-01058596372604 <b>Date of Disbursement</b>																				
Mailing Address 150 Quail Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Lebanon State PA Zip Code 17042-9403	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					
<b>B.</b> Full Name (Last, First, Middle Initial) Stephanie Jones Marioneaux	<b>Transaction ID:</b> 92730-84637087583542 <b>Date of Disbursement</b>																				
Mailing Address Suite 108 300 Med Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	8												
City Chesapeake State VA Zip Code 23320	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					
<b>C.</b> Full Name (Last, First, Middle Initial) Tyrone McCall	<b>Transaction ID:</b> 92730-06919497251510 <b>Date of Disbursement</b>																				
Mailing Address Suite 600 7150 Greenville Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8
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0	4		1	7		2	0	0	8												
City Dallas State TX Zip Code 75231-5187	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement duplicate Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 010																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Noonan			Transaction ID: 96136-99888247251511																					
	Mailing Address 655 Beach Street			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	4	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	4	/	0	4	/	2	0	0	8															
City San Francisco State CA Zip Code 94109-1342			Amount of Each Disbursement this Period																						
Purpose of Disbursement			<table border="1"> <tr> <td>125.00</td> </tr> </table>		125.00																				
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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																								
<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Nussbaum			Transaction ID: 92730-18484133481979																					
	Mailing Address 22 Old Short Hills Road Suite 104			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	4	/	1	7	/	2	0	0	8															
City Livingston State NJ Zip Code 07039-5605			Amount of Each Disbursement this Period																						
Purpose of Disbursement duplicate			<table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																				
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	Candidate Name			<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		010	Category/ Type																		
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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																								
<b>C.</b>	Full Name (Last, First, Middle Initial) Arnold Prywes			Transaction ID: 95021-37548464536667																					
	Mailing Address 4212 Hempstead Turnpike			Date of Disbursement																					
				<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	7	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	4	/	1	7	/	2	0	0	8															
City Bethpage State NY Zip Code 11714-5723			Amount of Each Disbursement this Period																						
Purpose of Disbursement duplicate			<table border="1"> <tr> <td>365.00</td> </tr> </table>		365.00																				
365.00																									
	Candidate Name			<table border="1"> <tr> <td>010</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		010	Category/ Type																		
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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																								

**SUBTOTAL** of Disbursements This Page (optional) .....

**990.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) David Ringel	<b>Transaction ID:</b> 92730-90403383970261 <b>Date of Disbursement</b>
Mailing Address 101A Kings Way W	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City Sewell State NJ Zip Code 08080-2233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement duplicate Candidate Name	<div> <div>500.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Denis Roarty	<b>Transaction ID:</b> 92730-47442263364792 <b>Date of Disbursement</b>
Mailing Address 3901 Beaubien Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City Detroit State MI Zip Code 48201-2119	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement dup Candidate Name	<div> <div>365.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Shugarman	<b>Transaction ID:</b> 92730-20704287290573 <b>Date of Disbursement</b>
Mailing Address Suite 1001 400 N Flagler Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City West Palm Beach State FL Zip Code 33401-4302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement dup Candidate Name	<div> <div>1000.00</div> <div>010 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1865.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Linda Tsai

Mailing Address 520 East Drive

City  
Saint Louis

State  
MO

Zip Code  
63130-3801

Purpose of Disbursement  
duplicate

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 95021-91730898618699

Date of Disbursement

/   /

Amount of Each Disbursement this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Samantha Weller

Mailing Address Apt. 202  
141 E Davis Boulevard

City  
Tampa

State  
FL

Zip Code  
33606-3550

Purpose of Disbursement  
duplicate

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 14435-68432253599167

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Craig Wilkerson

Mailing Address Suite 5  
301 Saddle Drive

City  
Helena

State  
MT

Zip Code  
59601-8026

Purpose of Disbursement  
dup

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 92730-71503847837448

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1390.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Daniel Will

Mailing Address 51 N 39th Street

City  
PhiladelphiaState  
PAZip Code  
19104-2640Purpose of Disbursement  
duplicate

Candidate Name

010  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 14435-35667055845260

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

15355.00



Image# 28991041532

Form/Schedule: **F3X**

Transaction ID:

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